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Fax Memo

TO: Mail Stop Amendment
USPTO

FAX NO.: (703) 872-9306

FROM: Arlir M. Amado
KRAMER & AMADO, P.C.

DATE: May 31, 2005

SUBJECT: U.S. Patent Application
Title: COMPOUNDS WHICH CAN BE USED TO DIAGNOSE
AND MONITOR DISEASES ASSOCIATED WITH THE
FORMATION OF AMYLOID PROTEIN FIBRILS
Serial No.: 10/534,749 ✓
Attorney Docket No.: ABG 3002

PAGES: INCLUDING COVER PAGE (11)

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- Transmittal Form
- Fee Transmittal
- Credit Card Payment Form with Assignment Recordation and Late Declaration Fee of \$105.00
- Address Change (2 pages)
- Executed Declaration/Power of Attorney (2 pages)
- Assignment Recordation Cover Sheet and Assignment document (3 pages)

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PTO/SB/21 (02-04)

Approved for use through 07/31/2008. OMB 0651-0031
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FORM

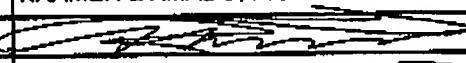
(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/534,749	
	Filing Date	May 12, 2005	
	First Named Inventor	Jorge Setoain Quinquer	
	Art Unit	Unassigned	
	Examiner Name	Unassigned	
Total Number of Pages in This Submission	10	Attorney Docket Number	ABG 3002

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Assignment Recordation Cover Sheet Assignment Document
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Arlir M. Amado, Reg. No. 51,399 KRAMER & AMADO, P.C.	
Signature		
Date	May 31, 2005	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name		
Signature	Date	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 105.00)

Complete if Known

Application Number	10/534,749
Filing Date	May 12, 2006
First Named Inventor	Jorge Setoain Quinquer
Examiner Name	Unassigned
Art Unit	Unassigned
Attorney Docket No.	ABG 3002

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims**Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims****Fee (\$)** **Fee Paid (\$)**

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

Fee (\$)

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	_____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Assignment Recordation, Late Oath or Declaration

Fee Paid (\$)

105.00

SUBMITTED BY

Signature	Registration No. 51,399 (Attorney/Agent)	Telephone (703) 413-5000
Name (Print/Type)	Date May 31 2005	

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PAGE 3/11 * RCVD AT 5/31/2005 5:00:12 PM [Eastern Daylight Time] * SVR:USPTO-EXRF-1/5 * DNI:8729306 * CSID:7034135048 * DURATION (mm:ss):03:24